## Complete and

## PART B - FEE(S) TRANSMITTAL

Mail Stop ISSU FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  43569 7590 02/12/2007				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
MAYER, BROV 1909 K STREET, WASHINGTON, Lowe Hauptin	WN, ROWE & N N.W. DC 20006	HAW LLP	ADD 0.9 2007 tra	Certify that this tes Postal Service wit fressed to the Mail I smitted to the USPTC	ficate of Mailing of Fee(s) Transmitta th sufficient posts; Stop ISSUE FEE (571) 273-2885,	al is being der ge for first cla address abo	posited with the United ass mail in an envelope we, or being facsimile indicated below.
1700 Diagon		ite 300					(Depositor's name)
Alexandria,		(	A PROPERTY OF THE PARTY OF THE		· · · · · · · · · · · · · · · · · · ·		(Signature)
			DADED				
10/718,943	11/21/2003		PRST NAMED INVENTO		123034-050935		ONFIRMATION NO.
TITLE OF INVENTION: WITHOUT MICROBIAL	METHOD FOR PR						
. APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE	E(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$170	00	05/14/2007
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS	]			
PRATT, HE	LEN F	1761	426-618000	-			
Change of correspond Address form PTO/SB/1  "Fee Address" inform PTO/SB/1  "Fee Address" info 102  Number is required.  3. ASSIGNEE NAME AND  PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  CJ COYD.  Please check the appropriate  4a. The following fee(s) are  Sissue Fee  Publication Fee (No s.  Advance Order - # of	tion (or "Fee Address" or more recent) attached RESIDENCE DATA an assignee is identife a 37 CFR 3.11. Complete assignee category or category or category and submitted:	Indication form ad Use of a Customer  TO BE PRINTED ON The desire of the second of this form is NO states of the second of the s	data will appear on the p I a substitute for filing an (B) RESIDENCE: (CITY Seoul, Repu	agent) and the names meys or agents. If no printed.  Dec atent. If an assignee assignment.  The and STATE OR COUNTY of Kound and STA	is identified below UNTRY)  Drea  oration or other propreviousty paid is attached.	rivate group co	ntity Government
5. Change in Entity Status	(from status indicated	above)	·	_			
a. Applicant claims SI			b. Applicant is no long				
NOTE: The Issue Fee and Pr interest as shown by the reco	rds of the United State	s Patent and Trademark	Office.	ie applicant, a register	red automicy or age	enc or the ass	agnee or order party in
Authorized Signature	Yoon S Han	n/		Date Apr	il 3, 20	07	
Typed or printed name	Yoon S. Ha	am .		Registration No.	45,30	07	<del> </del>
This collection of information an application. Confidentiality submitting the completed ap- this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1 Under the Paperwork Reduction							• • •
	_		OMB 0651-0033 U	S. Patent and Tradem	ark Office; U.S. D	DEPARTMEN	NT OF COMMERCE
PTOL-85 (Rev. 07/06) Appri	INTEFSW 00000			S. Patent and Tradem	ark Office; U.S. D	DEPARTMEN	NT OF COMMERCE

300.00 OP

01 FC:1501 02 FC:1504